



GEORGIA STATE BOARD OF SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY

237 Coliseum Drive * Macon, Georgia 31217

Phone (478) 207-2440 * www.sos.ga.gov/plb/speech

**AUDIOLOGY ASSISTANT
APPLICATION FOR REGISTRATION**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech-Language Pathology/Audiology in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Please mail application in a 9X12, or larger, envelope with pages unfolded and unstapled. Incomplete applications result in delayed processing. Incomplete applications are void after six months.

Application Checklist:

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **FEE:** The \$40 non-refundable application fee payable to Georgia State Board of Speech-Language Pathology/Audiology must be included with application. The fee for checks returned due to non-sufficient funds is \$40.00.
- ☐ **NOTARIZED APPLICATION:** pages 2 - 8 of the application must be mailed to the Board's office at the address listed above, along with the required fee. Page 9, Form C will be submitted at the end of your training by the Supervisor. All questions must be answered. Any question answered "yes" requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of registration is at the Board's discretion.
- ☐ **EDUCATIONAL REQUIREMENTS:** The applicant must submit a copy of the high school diploma or GED Certificate, and **one of the following:**
 - College transcript; or,
 - Certification in Health Care from a technical school approved by the Board; or,
 - Certification of completion of an Audiology Assistant Program approved by the Board.
- ☐ **JOB DESCRIPTION:** A job description listing the specific duties and activities to be performed by the Audiology Assistant (see Form B).
- ☐ **SUPERVISOR'S DUTIES:** The supervisor must:
 - ☐ Assist applicant in completing and submitting the attached Form A, Audiology Assistant Supervisor and Form B, a description of a minimum of 40 hours of proposed instruction in specific duties and activities the assistant will perform, with this initial application.
 - ☐ **Once the training program is completed, submit within 30 days of completion Form C, the Record of Supervision and the Supervisor Verification Statement.**
 - ☐ Retain documentation of the indirect or direct supervisory activities for two years.

PROFESSIONAL BACKGROUND:

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS.

IF YOU ANSWER "YES," TO ANY OF THE FOLLOWING, YOU ARE REQUIRED TO ATTACH A DETAILED LETTER OF EXPLANATION ALONG WITH ANY SUPPORTING DOCUMENTS SUCH AS FINAL DISPOSTIONS, COURT RECORDS, OTHER STATE REGUALTORY DISCIPLAINRY ACTIONS OR SANCTIONS, AND THE FINAL DISPOSITION, ETC...

- ☐ **Yes** ☐ **No** 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- ☐ **Yes** ☐ **No** 2. Have you been denied registration, professional licensure or renewal because of a license disciplinary proceeding?
- ☐ **Yes** ☐ **No** 3. Have you ever had a license or registration for a Speech-Language Pathology Aide, Speech-Language Pathologist, Audiologist or any other profession revoked, suspended or annulled or otherwise disciplined, including by private order?
- ☐ **Yes** ☐ **No** 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- ☐ **Yes** ☐ **No** 5. Have you been convicted of any criminal offense?
- ☐ **Yes** ☐ **No** 6. Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?
- ☐ **Yes** ☐ **No** 7. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ☐ **Yes** ☐ **No** 8. Have you previously applied for the same registration for which you are currently applying?

If "yes" name under which application was

submitted:_____

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

Audiology Assistant Applicant

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) ____ I am a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the next page of this application.
- 2) ____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number – See list on next page of this application.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____(city), _____(state).

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20_____

Notary Seal

NOTARY PUBLIC

My Commission Expires: _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

FORM A - AUDIOLOGY ASSISTANT SUPERVISOR**INSTRUCTIONS:**

- ◆ Complete all sections below
- ◆ **NOTE: Also submit a completed Form B, Description Proposed Audiology Assistant Training, with your application**

(Note: Form C is to be submitted at the end of your training period, not with your initial application)

NAME OF AUDIOLOGY ASSISTANT APPLICANT: _____**NAME OF SUPERVISOR:** _____
Last First Middle Maiden**LICENSURE OF SUPERVISOR:** Current Georgia Audiology License # _____**EMPLOYMENT OF SUPERVISOR:**

Employer _____

Name of Facility _____

Street Address _____

City/State/Zip Code _____

AUDIOLOGY ASSISTANT'S WORKSITES:_____
_____**OTHER PERSONS SUPERVISED:**☐ Yes ☐ No Are you (the Supervisor) supervising other Audiology Assistants? If "yes", provide names:

Audiology Assistants: _____

AFFIDAVIT OF SUPERVISOR:

This is to certify that in accordance with Chapter 609-6-.01(c)7) of the Rules of the Georgia State Board of Examiners of Speech-Language Pathology and Audiology, I will provide direct and indirect supervision of the above-named Audiology Assistant and I accept full and complete responsibility for the speech-language activities and services of the Assistant.

- **The training shall not begin until the applicant for registration has been approved by the Board.**
- Following completion of the training program, the applicant shall be notified in writing when practice as a registered Audiology Assistant may begin.

Signature of Supervisor_____
Date

FORM B - DESCRIPTION OF PROPOSED AUDIOLOGY ASSISTANT TRAINING

- This form is to be completed by the Supervisor of the Audiology Assistant applicant
- This form is to be submitted with the Audiology Assistant Application for Registration and a **current job description**. Form may be copied as needed for extra pages.

AUD ASSISTANT NAME: _____ SUPERVISOR NAME: _____

| Description of Specific Tasks/Activities To be performed: | Specific Training: | Proposed # of training Hours: |
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| | | |
| Total Number of Proposed Training Hours: _____ | | |

PLEASE BE SURE TO INCLUDE A CURRENT JOB DESCRIPTION WITH THIS FORM/APPLICATION

FORM C – RECORD OF SUPERVISION FOR AUDIOLOGY ASSISTANT

This form is to be retained by the Supervisor of the Audiology Assistant Applicant. It is to be completed by the Supervisor and submitted **when the training program is completed** to the Board. Make copies of the form as needed. The Supervisor should retain copies of all documentation of indirect and direct supervision of an audiology assistant. Upon request by the Board, this documentation may be required to be sent to the Board for review during registration renewal audits. Please refer to Board rule 609-6-.02 for additional information.

AUD ASST NAME: _____

SUPERVISOR NAME: _____

DATE ACTIVITIES STARTED: _____

INDIRECT SUPERVISORY ACTIVITIES

| Activity | Frequency | Duration | Comments/Reliability/Accuracy |
|-----------------|------------------|-----------------|--------------------------------------|
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INDIRECT SUPERVISORY ACTIVITIES

| Activity | Frequency | Duration | Comments/Reliability/Accuracy |
|-----------------|------------------|-----------------|--------------------------------------|
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AFFIDAVIT OF SUPERVISOR

I, the undersigned, verify that the above named Audiology Assistant completed the described audiology assistant training that was submitted with the initial application for audiology assistant registration.

Signature of Supervisor

Date

Signature of Audiology Assistant

Date

Submit via FAX: 866-888-7127, via E-Mail to ExamBoards-Healthcare@sos.state.ga.us or by USPS mail service to:
02-26-14 (Page 9 of 9) **SLPA Board, 237 Coliseum Drive, Macon, GA 31217**